

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10747940**

FILING DATE **12-30-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	12					
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						